dysmenorrhea and non-menstrual pain were the predominant symptom concepts. Other commonly reported symptoms were specific pelvic pain both during and between periods, deep dyspareunia, dyschezia, cramping, back pain, heavy bleeding and nausea. The most predominant impact concepts were difficulty performing both daily and work activities. Results support a preliminary conceptual model based on literature review and expert interviews. Draft instrument items were tested and refined through the CI process, and the draft EPDD was finalized for subsequent psychometric testing in preparation for use in clinical trials. **CONCLUSIONS:** The FDA PRO Guidance states that measures should be conceptually valid as they relate to the disease being studied, meet a threshold of psychometric soundness, and be relevant to patients. This research represents an important step toward establishing the EPDD as "fit for purpose" relative to the FDA PRO Guidance for use in support of label claims; and supports the development of a diary that better reflects the American Society for Reproductive Medicine's recommendations for outcome measures in pain clinical trials.

PIH40

RESPONSIVENESS OF THE FACE-Q: A NEW PRO FOR FACIAL AESTHETIC PAITENTS

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OBJECTIVES: The ability to detect clinically meaningful change from the patients' perspective is critical to evaluating new techniques and technologies for facial aesthetic patients. The FACE-Q is a new patient-reported outcome (PRO) instrument composed of scales that measure outcomes for patients having any type of facial cosmetic surgery, procedure or facial injectable. The objective of our study was to determine the responsiveness of the FACE-Q scale entitled "Satisfaction with Facial Appearance". **METHODS:** The Satisfaction with Facial Appearance scale is composed of 10 items that ask about satisfaction using descriptors (e.g., symmetry; proportion) as well as scenarios (e.g., in photos; bright lights). Data were collected from 489 patients in Canada and the USA between June 2010-2012 (response rate 78%). Responsiveness was examined in 97 facelift patients by comparing pre and post- treatment Rasch transformed scores (range 0-100) using paired t-tests and calculating Kazis' effect size and the standardized response mean. In addition, a change score for each patient was computed and categorized into 5 groups depending on the size and direction of their change score. **RESULTS:** Participants ranged in age from 37-77 years; 10 were male, 86 female. FACE-Q scores were significantly higher following a facelift (mean, SD; pre 45,16 vs. post 56, 21 respectively, p<0.0001). These scores were associated with 'moderate' effect sizes (ES = 0.68, SRM = 0.50). Preliminary MID analyses suggested an 8 point difference in total scores. This difference was exceeded in our analysis (mean change, SD = 11, 22). For individual-level findings, 94 out of 97 face-lift patients reported significant improvement in satisfaction with facial appearance. **CONCLUSIONS:** The FACE-Q scale 'Satisfaction with Facial Appearance' is capable of detecting clinically important change in facelift patients. Further responsiveness research is now needed with other facial aesthetics patient groups to add to the evidence base for the use of this scale.

PIH41

UNDERSTANDING DIFFERENCES AMONG ERECTILE DYSFUNCTION PATIENTS GLOBALLY

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OBJECTIVES: Erectile dysfunction (ED) is a common sexual problem in men, although under-reporting of ED is widespread. This analysis seeks to explore the prevalence of the condition across select geographies and to compare the profile of sufferers among men identifying with an ED problem. **METHODS:** Data from 94,711 men interviewed in the US, EU (UK, France, Germany, Italy, Spain), Japan (JP), China (CH), Brazil (BR), and Russia (RU) National Health and Wellness Surveys, a cross-sectional Internet or CAWI-based survey representative of the adult population, conducted in 2011 or 2012. Data were weighted based on sex and age for each region. Men were classified as having ED if in the past six months, they had difficulty achieving/maintaining an erection. Health-related quality of life (HRQoL) was assessed with the SF-12v2, and activity impairment was measured with the Work Productivity and Activity Impairment questionnaire (WPAI). Comparisons between patient groups were made with chi-square tests for categorical variables and ANOVA for continuous variables. **RESULTS:** Prevalence of ED differs significantly across geographies, with Japan having the highest percentage (42.6%, 21.7 M) followed by China (34.7%, 87.8 M) and US (33.7%, 37.6 M), and Brazil having the lowest (14.9%, 10.0 M) (p<0.05). In the established markets (US, EU, Japan) ED sufferers are significantly older (mean ages 51, 57 and 52, respectively) than in emerging markets (CH, BR, RU) (mean ages 45, 44 and 46) (p<0.05). Men with ED in Russia had significantly lower PCS (45.5) and MCS (42.3) QoL scores compared to all other regions (p<0.05). Men with ED in China reported the greatest degree of work productivity loss (34% vs. ~20–25%, p<0.05) and activity impairment (32% vs. 19–30%, p<0.05). **CONCLUSIONS:** Cross-regional comparisons of Erectile Dysfunction can provide insights to the magnitude of the problem and assess disease burden among these sufferers.

PIH42

IMPACT OF ABORTION COMPLICATIONS ON HEALTH-RELATED QUALITY OF LIFE IN UGANDA

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OBJECTIVES: Annually, there are 297,000 mostly illegally-induced abortions leading to at least 85,000 complications in Uganda. While the impact of abortion complications on clinical outcomes and health care costs has been reported, we found no reports on health-related quality-of-life (HRQol). In this study, we report an assessment of the impact of abortion complications on HRQol using the EQ-5D questionnaire. **METHODS:** We interviewed women discharged after treatment for abortion complications and women visiting a regional referral hospital for routine obstetric care. We administered the EQ-5D and collected demographic, socioeconomic, and social support data using the social support questionnaire short-form. We performed descriptive analyses using t-tests and chi-square tests, and multiple linear regression to examine the association between abortion complications and EQ-5D Scores. **RESULTS:** Our study included 139 women (70 with abortion complications, and 69 receiving routine obstetric care). A larger proportion with abortion complications than receiving routine obstetric care reported some or severe problems in all 5 domains of the EQ-5D (Mobility: 23% v 13%, p=0.126; Self-care: 42% v 24%, p=0.033; Usual Activities: 49% v 16%, p<0.001; Pain/Discomfort: 68% v 25%, p<0.001; and Anxiety/Depression: 60% v 22%, p<0.001). Women with abortion complications had a lower mean visual analogue scale score (60 v 68, p<0.001). After adjusting for age, marital status, number of children alive, social support score and employment status, women with abortion complications had a lower mean EQ-5D index score than those receiving routine obstetric care (unadjusted difference = 0.12, 95% CI: 0.08-0.17, p<0.001; adjusted difference = 0.11, 95% CI: 0.06-0.17, p<0.001). **CONCLUSIONS:** Our study suggests that abortion complications are associated with diminished health-related quality of life. In addition to economic and clinical consequences, complications resulting from induced, often unsafe, abortion may have considerable effects on the quality of life of women in Uganda.

PIH43

THE EFFECT OF DIFFERENT TYPES OF HYSTERECTOMY ON FEMALE SEXUAL FUNCTION AND QUALITY OF LIFE

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OBJECTIVES: To follow up changes in sexual function and quality of life after hysterectomy, particularly regard to different surgical methods of hysterectomy, and to review the incidence of incontinence during the post-operative period. **METHODS:** A total number of 200 hyserectomised women were asked to fill up the questionnaire, 164 of them were willing to help us by answering it. Twenty one women were excluded from the study because of depression, resulted in 143 processed questionnaires. Patients were randomized by snowball method. Three questionnaires were used for data collection: own-created public/general questionnaire, the SF 36 questionnaire, and a shortened version of two questionnaires to evaluate sexual function (Female Sexual Function Index and Lemack). For the statistical analysis t-test or Mann-Whiney U-test was used. The statistical analysis was performed by using SPSS 17.0 system. Chi square test was used to review categorical variables. The significance level of $p \leq 0.05$ was used. **RESULTS:** There was no statistically significant difference in quality of life between the preformed subgroups. Reviewing the sexual function in the four different surgery methods, there was no statistically significant difference between the average scores. Further rewieving of the average scores of the subgroups showed statistically significant differences (p = 0.047). In the subgroup of vaginal hysterectomised women, there was a significantly higher incidence of women, who felt pain once in a while during sexual intercourse and also was a significantly higher incidence (p = 0.023) of women, who had urinary incontinence. **CONCLUSIONS:** Based on our results, total vaginal hysterectomy did not significantly affect the quality of life, but it can affect sexual function and to increase the risk of developing incontinence.

INDIVIDUAL'S HEALTH – Health Care Use & Policy Studies

PIH44

ARE QUALITY IMPROVEMENTS SUSTAINED? LONG-TERM EFFECTIVENESS OF A PHYSICIAN-FOCUSED INTERVENTION TO REDUCE POTENTIALLY INAPPROPRIATE MEDICATION PRESCRIBING IN THE ELDERLY IN ITALY

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OBJECTIVES: We successfully implemented a multi-factorial intervention targeting general practitioners (GPs) in the Parma Local Health Authority (LHA), Italy, to decrease inappropriate prescribing in the elderly. It remains unclear as to whether the improvement was long-lasting. We sought to determine whether reduction in exposure to potentially inappropriate medications (PIM) in the older population (≥65 years) continued after discontinuation of intervention, and, if so, what factors contributed to effectiveness. **METHODS:** Data on all outpatient pharmacy claims for the pre-intervention (2005 Q1-2007 Q3), intervention (2007 Q4-2009 Q4), and post-intervention (2010 Q1-Q4) were retrieved. We assessed changes in quarterly incidence rates of PIM exposure for the intervention and post-intervention in both all PIM users and newly exposed users. Generalized estimating equations were used to model the odds of PIM exposure. **RESULTS:** A total of 299 GPs (98.7%) in the Parma LHA serving 111,282 older patients were included in this study. PIM exposure incidence rates declined for all users from 7.1% prior to the intervention to 4.9% at the end of the intervention and continued to decline to 4.3% at the end of the post-intervention. Adjusted models attributed the intervention with an immediate reduction (p<0.001) and a steady decline in the odds of PIM exposure (p<0.001). No measured patient and GP characteristics modified the effect of the intervention. Results among newly